2008 FOR PROFIT CORPORATION

ANNUAL REPORT

Secretary of State **DOCUMENT # P02000126751** 02-28-2008 90018 004 ***150.00 1. Entity Name M. AYALA CORP. Principal Place of Business Mailing Address 4UVV~ 1081 W.P. BALL BLVD 1081 W.P. BALL BLVD SANFORD, FL 32771 SANFORD, FL 32771 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132008 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 55-0801908 55-0809108 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .--.7. Name and Address of New Registered Agent .-- .--Ayala, Melisa
Street Address (P.O. Box Number is Not Acceptable)
1456 Royal Terracë ALPER, JONATHAN ESQ 274 KIPLING COURT HEATHROW, FL 32746 Zip Code 738 Deltona 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, syped or printed name of registered agent and title if approache (NOTE: Registered Agent's gristure required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **VPST** TITLE ☐ Delete ☐ Addition TITLE ☐ Channe NAME AYALA, MELISA NAME STREET ADDRESS 1456 ROYAL TERRACE STREET ADDRESS DELTONA, FL 32738 CITY-ST-ZIP CITY-ST-ZIP 1011 F Delete TITLE Change ■ Addition AYALA, MELISA NAME NAME 1456 ROYAL TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32738 CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE THE Change [Addition NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CHY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Daytime Priore #

FILED Feb 28, 2008 8:00 am